IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE:	: 10/08/2006			S CHECKWRITE SUMMARY REPORT HECKWRITE DATE: 10/10/2006				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8535	2	SERVICE FACILITY LOCATION WAS				
	H/DD/SAS			NOT INCLUDED IN YOUR 837.  PLEASE RESUBMIT YOUR CLAIM WIT				
		8534	1	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING		0 3	3	0
				PROVIDER. PLEASE VERIFY THE F				
2404004		2411	1001	DROVING TURE AND OPPOSITION AS				
3404904	WESTERN HIGHLAN DS LME	3411	1021	PROVIDER TYPE AND SPECIALTY 07  4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		11	117	CLIENT NOT ELIGIBLE ON SERVICE		0 1449	7346	5897
				DATE		0 1449	7340	3097
		3412	74	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
				BENEFIT SERVICES ON OR AFTER D				
3404910	PATHWAYS	11	413	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
						<u> </u>		
		8599	252	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	6	9 830	7673	6835
				BENEFIT PACKAGE.				
		8933	52	ADTNC INELIGIBLE TO RECEIVE SE				
		8933	52	RVICES IN IPRS.				
3404912	CATAWBA COUNTYM	191	5	CLIENT ID NUMBER DOES NOT MATC				
	ENTAL HEALT			H PATIENT NAME				
		8599	4	DETAIL NOT COVERED BY COMBINAT		6 16	552	536
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACAGE.				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	11	3530	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT							
		0	0					
						0 3530	3530	0
3404916	CROSSROADS BEHA	8535	47	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837.				
	VIORAL HEAL			PLEASE RESUBMIT YOUR CLAIM WIT				
		79	46	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING		0 211	4955	4744
				PROVIDER TYPE AND SPECIALTY IN				
		8599	41	DETAIL NOT COVERED BY COMBINAT				-
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM	8599	402	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
		+		BENEFIT PACKAGE.				-
		11	177	CLIENT NOT ELIGIBLE ON SERVICE		3 924	11551	10627
			-	DATE		1		
								<del>                                     </del>
		143	85	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		+	1	DEFORDED FIRE				1
3404919	GUILFORD CO MEN	8599	140	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	49	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	4	9 343	3281	2938
		+		IN TODA IN TERM.				
		3412	49	PROVIDER TYPE AND SPECIALTY 07				
			+	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				

	Т	Т		T	1	T		1
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	THOUTDEN MAIL				Dantitati	Darrando	I IIIIII IIII	111111
3404920	ALAMANCE CASWEL	8599	828	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	650	DUPLICATE OF CLAIM-SYSTEM	111	2522	17362	14840
					111	2322	17302	14040
		3412	484	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404921	ODANICE DEDCOM C	11	1455	CLIENT NOT ELIGIBLE ON SERVICE				
	ORANGE PERSON C HATHAM AREA			DATE				
		8599	359	DETAIL NOT COVERED BY COMBINAT	7	2431	9377	6946
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		1669	189	OTHER DIAGNOSIS CODE 7 IS INVA	1			
		2009	109	LID				
					1			
3404922	THE DURHAM CENT	3411	1918	PROVIDER TYPE AND SPECIALTY 07				
	ER ER			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8599	198	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0	3028	4486	1458
				DENEFIT PACKAGE.				
				DENDITI FACAGE.				
		21	167	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	21	984	DUPLICATE OF CLAIM-SYSTEM				
ļ								
<u></u>		0500	054	DESCRIPTION OF CONTENTS BY COMPANY				
		8599	854	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	3	4211	16385	12174
				BENEFIT PACKAGE.				
				Daniel I Induital.				
		11	802	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404925	SANDHILLS CENTE	21	358	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8599	267	DETAIL NOT COVERED BY COMBINAT			10.00	
		0000	207	ION OF RECIPIENT, PROVIDER AND	131	1134	4369	3235
				BENEFIT PACKAGE.				
		11	143	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404926	SOUTHEASTERN RE	8599	719	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	G MENTAL HL	1	1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
			1	DEWEFII PACAGE.	1			
	+	3411	464	PROVIDER TYPE AND SPECIALTY 07	59	2287	6664	4377
				4/113 CANNOT BILL ENHANCED	59	2287	6664	43//
		+		BENEFIT SERVICES ON OR AFTER D	1			
								<b> </b>
		8534	441	SERVICE FACILITY LOCATION IS N				
		8534	441	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
		8534	441	SERVICE FACILITY LOCATION IS N				
2404007				SERVICE FACILITY LOCATION IS N OT A VALID IFRS ATTENDING PROVIDER, PLEASE VERIFY THE F				
3404927	CUMBERLAND CO M	8534	144	SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F CLIENT NOT ELIGIBLE ON SERVICE				
3404927	CUMBERLAND CO M			SERVICE FACILITY LOCATION IS N OT A VALID IFRS ATTENDING PROVIDER, PLEASE VERIFY THE F				
3404927				SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F CLIENT NOT ELIGIBLE ON SERVICE				
3404927				SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F CLIENT NOT ELIGIBLE ON SERVICE DATE			40.0	400-
3404927		11	144	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLIENT NOT ELIGIBLE ON SERVICE DATE  60 RESIDENTIAL LEVEL II TREATM	0	312	4343	4031
3404927		11	144	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F CLIENT NOT ELIGIBLE ON SERVICE DATE	0	312	4343	4031
3404927		11	144	SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F CLIENT NOT ELIGIBLE ON SERVICE DATE  60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED	0	312	4343	4031
3404927		11	144	SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F CLIENT NOT ELIGIBLE ON SERVICE DATE  60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED	0	312	4343	4031
3404927		8622	144	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F CLIENT NOT ELIGIBLE ON SERVICE DATE  60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	312	4343	4031
3404927		8622	144	SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLIENT NOT ELIGIBLE ON SERVICE DATE  60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.  DETAIL NOT COVERED BY COMBINAT	0	312	4343	4031

				T	I	1	momar	momar
PROVIDER	_	HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	THOUSEN HERE		1		DENTITED	DENTITED	111111111111111111111111111111111111111	11111
3404930	JOHNSTON COUNTY	8599	135	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
	1	-		BENEFIT PACKAGE.				
		23	39	SERVICE REQUIRES PRIOR APPROVA	15	237	2554	2317
				L				
		10	17	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR			Ī	
							Ī	
3404931	WAKE CO HUM SVC	11	336	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF			DATE			Ī	
		8599	203	DETAIL NOT COVERED BY COMBINAT	7	769	4847	4078
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	90	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404933	SOUTHEASTERN CT	8536	760	ATTENDING PROVIDER TYPE AND SP				
	R FOR MH/DD		L ==	ECIALTY COMBINATION IS NOT				
	1	1	ļ	VALID FOR SUBMITTED BILLING PR				
		8599	43	DETAIL NOT COVERED BY COMBINAT	0	899	3308	2409
				ION OF RECIPIENT, PROVIDER AND				
	1	1	ļ	BENEFIT PACKAGE.				
		11	39	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404934	ONSLOW CARTERET	11	275	CLIENT NOT ELIGIBLE ON SERVICE				
	BEHAV HEAL			DATE				
			4.6					
		143	65	CLIENT ID NUMBER NOT ON STATE	0	422	935	513
				ELIGIBILITY FILE				
		8950	49	CLIENT ONLY ENROLLED IN TRACKI				
				NG POP GROUP. MUST ALSO BE				
				ENROLLED IN A FUNDED POP GROUP				
3404935	WAYNE CO MENTAL	U	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
			0					
		U	U		0	0	0	0
3404936				DETAIL NOT COVERED BY COMBINAT				
3404936	WILSON-GREENE M	8599	10	ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT			•				
		<b></b>	<b></b>	BENEFIT PACKAGE.				
		101	1	ALTERNATION DE LA MANAGEMENT DE LA MANAG				$\sqcup$
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	12	681	669
		<u> </u>	<b></b>	n PAILENT NAME		1		
		<del></del>	<b></b>	+				
	+	21	+	DUPLICATE OF CLAIM-SYSTEM		<b></b>	<u> </u>	<b></b>
	+		<u> </u>	DOINTCALE OF CHAIM-SISIEM		1		1
	+	<del> </del>	<del> </del>			1		<b> </b>
	+	-	<del> </del>	+		-		-
3404937	+	21	5.7	DUPLICATE OF CLAIM-SYSTEM		1		1
J40493/	EDGECOMBE NASH	Arrive Arrive	57	DOLLICATE OF CHAIN-DIDIEM				
	MNTL HLTH C	-	<del> </del>	+		-		
	+	<del> </del>	<del> </del>			1		<b> </b>
	+	79	36	THIS SERVICE IS NOT PAYABLE TO		1		<b> </b>
		1.2	20	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	98	3093	2995
	+	-	<del> </del>	PROVIDER TYPE AND SPECIALTY IN		-		-
	+		<b></b>	FROVIDER TIPE AND SPECIALTY IN		-		<b></b>
	+	0220	2	CIAIM DENIED ASSESSMENT DOUTER		1		1
		8329		CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS				
		<u> </u>	<b></b>					
		<u> </u>	<b></b>	THE LMA		1		
2404020		0.500	1.4	DETAIL NOT COVERED BY COMBINAT		1		
3404939	NEUSE MENTAL HE	8599	14					
	ALTH CENTER	<u> </u>	<b></b>	ION OF RECIPIENT, PROVIDER AND		1		
	i .	<u> </u>	<b></b>	BENEFIT PACKAGE.		1		
	+							1
		1.01	2		1			2066
		191	7	CLIENT ID NUMBER DOES NOT MATC	U	32	2098	2000
		191	7	H PATIENT NAME	0	32	2098	2000
			7	H PATIENT NAME	0	32	2098	2000
		191	5	H PATIENT NAME YOU ARE ATTEMPTING TO ADJUST A	0	32	2098	2000
			5	H PATIENT NAME YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT	0	32	2098	2006
			5	H PATIENT NAME YOU ARE ATTEMPTING TO ADJUST A	0	32	2098	2000

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404941	PITT CO MH/DD/S AS CENTER	21	2690	DUPLICATE OF CLAIM-SYSTEM				
	no onnen							
		8537	1836	PROCEDURE IS NOT PAYABLE FOR Y	196	8988	14709	5721
				OUR PROVIDER TYPE AND	130	0,000	11703	3721
				SPECIALTY IN ACCORDANCE TO MEN				
		3411	793	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404942	ROANOKE CHOWANH	3411	24	PROVIDER TYPE AND SPECIALTY 07				
	UMAN SERVIC			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8534	12	SERVICE FACILITY LOCATION IS N	0	56	182	126
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		23	10	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404943		8536	49	ATTENDING PROVIDER TYPE AND SP				
3101313	ALBEMARLE MENTA L HEALTH CE	0330		ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8931	44	AMTNC INELIGIBLE TO RECEIVE SE				
		0331		RVICES IN IPRS.	69	168	2363	2195
		8935	21	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	EASTPOINTE HUMA	8599	125	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACINGE.				
		21	88	DUPLICATE OF CLAIM-SYSTEM	1	312	2352	2040
		8537	24	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404946	FOOTHILLS AREAM	79	773	THIS SERVICE IS NOT PAYABLE TO				
	ENTAL HEALT			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		11	465	CLIENT NOT ELIGIBLE ON SERVICE	10	1408	4047	2639
				DATE				
	<del>                                     </del>							
	+	5308	62	PRIOR AUTHORIZED UNITS EXCEEDE				
				D				
	1							
3404957	TIDELAND MENTAL	8000	92	NO RATE AVAILABLE ON FILE TO P				
	HEALTH CTR			RICE THIS CLAIM DETAIL				
<b> </b>	-	8599	83	DETAIL NOT COVERED BY COMBINAT	22	218	5488	5270
	<u> </u>			ION OF RECIPIENT, PROVIDER AND		210	5400	3270
	1			BENEFIT PACKAGE.	-			
		8931	18	AMTNC INELIGIBLE TO RECEIVE SE				
	<del> </del>			RVICES IN IPRS.				
	<u> </u>		1 -					
								1
3404979	NEW BIVED APEXM	11	278	CLIENT NOT ELIGIBLE ON SERVICE				
	NEW RIVER AREAM H/DD/SA PRO	11	278	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	NEW RIVER AREAM H/DD/SA PRO	11	278					
				DATE				
		11 21	278		0	398	2556	2158
				DATE	0	398	2556	2158
				DATE	0	398	2556	2158